Attachment D Effective 12/01/10

FIRE SPRINKLER SYSTEMS MONTHLY AND QUARTERLY INSPECTION FORM

DATE: Agency: ____ Building: Address: Name (PRINT): Signature: SYSTEM TYPE: WET DRY (circle one) **Monthly Inspections** Comment on all "No" answers 1. **Control Valves:** No Is the value open? Yes Are chains-and-locks or tamper switches in good condition? N/A Yes No 2. Gauges: Are gauges showing pressure? Yes No Do gauges appear to be in good condition? N/A Yes No 3. Alarm or Dry Valves: Is the piping in good condition with no leaks? Yes No Spare Sprinkler Box: 4. Does the box have sprinklers in it? Yes No Is there a sprinkler wrench? Yes No **Quarterly Inspections (includes Monthly)** 1. Hydraulic Data Plate: Is the plate or sticker on the riser and legible? Yes No 2. Waterflow or Pressure Switch: Do the switches appear to be in good condition? Yes No 3. Fire Department Connection: Is it visible, accessible, undamaged with sign? Yes No Do caps rotate freely? Yes No Alternate: are breakaway caps in place? Yes No Trash, dirt, insects removed N/A Yes No